MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.
101588470
APPLICANTIS

FILING DATE

CLAIMS

	AS FILED IND. DEP.		AFTER 1"AMENDMENT		AFTER 2 "AMENDMENT	
			IND. DEP.		IND. DEP.	
1						
2						
3						
4						
5						
<u>6</u> 7						
8				-		
9			<u> </u>			
10				1-1-1		
11						
12						
13						
14						
15						
16						
17						
18 19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29 30			·			
31				_ +		
32				- -		
33						
34				-/-		
35						
36						
37				$-\Box$		
38						
39 40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50 TOTAL						
IND.		♣	∂_{α}	#		# [
TOTAL DEP.		(35	+		←
TOTAL CLAIMS			371		ž.	T.

PTO - 1360 (REV. 11/04)

	AS FILED		AFTER 1" AMENDMENT		AFTER 2 "AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		<u> </u>				<u> </u>
53						ļ <u>.</u>
54						
55						
56 57						ļ
58						
59						ļ÷
60	 					
61						
62						
63	 					
64						
65						
66						
67						<u> </u>
68						
69						
70						
71						
72						
73						
74						
75						
76 77					-	
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90				· · · · · · · · · · · · · · · · · · ·		
91						
92 93						
93						
95						
96						
97		1				
98						
99						
100						~
TOTAL IND.		1		1		1
TOTAL DEP.		<u>.</u> †		4		<u> </u>
TOTAL	The state of the s				1	T
CLAIMS		S. DEPART	MENT 15	224		* *